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APPLICANTS

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** CONTINUING DATA *****
of **NONE**

** FOREIGN APPLICATIONS *****
of **NONE**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 11/04/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MB</i> <i>LS</i> Examiner's Signature Initials	STATE OR COUNTRY	SHEETS DRAWING 0	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 9
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ADDRESS

23280

TITLE

Tranexamic acid formulations with reduced adverse effects

FILING FEE RECEIVED 1560	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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